

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021303

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1551VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. **FILED MAY 28 1962**a. COUNTY **St. Louis**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Bridgeton**Length of stay in 1b
3 yearsc. CITY
OR TOWN **Bridgeton**Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION **11936 Natural Bridge Rd**

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)**11936 Natural Bridge Rd**

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
James

Middle

Last
Fatchett4. DATE
OF DEATHMonth
May Day
21 Year
19625. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
11-27-18979. AGE (last birthday)
64IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)**Set-up-man**10b. KIND OF BUSINESS OR INDUSTRY
Sterling Aluminum Co11. BIRTHPLACE (City and state or country)
Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

James Fatchett

13b. MOTHER'S MAIDEN NAME

Mary Hodge

14. NAME OF HUSBAND OR WIFE

Hazel I. Fatchett15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Hazel I. Fatchett, 11936 Natural18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic carcinoma, left.INTERVAL BETWEEN
ONSET AND DEATH**9 months**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**None**PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **October 1961** to **present** and last saw him alive on **May 14, 1962**
Death occurred at **5:40 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. Max well MD

22b. ADDRESS

4500 Olive St.

22c. DATE SIGNED

5-22-6223a. BURIAL, CREMATION,
REMOVAL (Specify)**Burial**

23b. DATE

May 24, 1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

24. FUNERAL DIRECTOR

**Math Hermann & Son, Inc., 2161 E. Fair Ave
St. Louis, 7, Missouri**

25. DATE RECD. BY LOCAL REG.

5-23-62

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Julius R Brown

Licensed Embalmer No. 5146

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.